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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Andrew Yang P.O. Box 214 ADDRESS (number and street) Midtown Station (Check if address is changed) New York 10018 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS zach@yang2020.com (Check if address is changed) Optional Second E-Mail Address yang@nextlevelpartners.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.yang2020.com (Check if address is changed) DATE 2020 C00659938 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Graumann, Zach, , , Type or Print Name of Treasurer Graumann, Zach, , , [Electronically Filed] 03 13 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	EEC <b>E</b> o	1 (Paying 02/2000)	Page 2			
		omm 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>			
		Committee:				
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Nam Cand	e of didate	Yang, Andrew, , ,				
	didate / Affiliati	on DEM Office Sought: House Senate Fresident	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Par	ty Con	nmittee:	(Domogratio			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

FEC <b>Form 1</b> (Revised 0	12/2009)	Page <b>3</b>
Write or Type Committee Name		i age 🐱
Friends of Andre		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person	in possession of committee
May, Jenni Full Name	fer, , ,	
Mailing Address	P.O. Box 214	
Mailing Address	Midtown Station	
	New York NY 10	0018
Title or Position	CITY STATE	ZIP CODE
Deputy Treasurer	Telephone number	_ 505 _ 1657
s. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and t ssistant treasurer).	the name and address of
Full Name Graumann, of Treasurer	Zach, , ,	
Mailing Address	P.O. Box 214	
	Midtown Station	
	New York   NY   10	018
Title or Position	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

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Full Name of Designated Agent	May, Jennifer, , ,					
Mailing Address	P.O. Box 214					
	Midtown Station					
	New York  CITY  STATE  Z	IP CODE				
Title or Position Deputy Treasure	er	05   1657				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.						
	CitiBank _401 W 42nd St					
Mailing Address	-01 W -2.11d Ot					
	New York NY 10018					
	CITY STATE Z	ZIP CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STATE Z					